Potassium Iodide (KI) Request Form

(Instructions: Please Complete Form and Bring with you to KI Distribution Center - Please PRINT CLEARLY - Thank you!)

ame:								
ailing Address:								
ty, State, ZIP								
elephone Number:			Email A	ddress:				
roof of Address Provided:	Driver's Lice	nse # :		Other:	(Utility	Bill, etc): _		
this for a: (Please Check one)	Residence: _		Busines	S:	Muni	icipality: _		
LEASE COMPLETE <mark>YELLOW</mark> CO	LUMN ONLY BY	PROVIDING	GTHE NUMI	BER OF ADU	JLT AND	CHILDREN	RESIDING	AT THIS ADDR
Tablets Requested by Resident	For Official Use Only **DOSAGE CALCULATIONS** RESIDENT: PLEASE DO NOT WRITE IN THIS SECTION PUBLIC HEALTH/PHARMACY SPECIALIST WILL DO SO WHEN THEY DISPENSE YOUR TABLETS							
**Please indicate NUMBER of Adults and Children in your household for EACH category below:	Total Dose Per Day (mg)	Tablets (65mg) Per Dose	Days	Total Tablets Per Person	Numbe	er of Persons	Total # Tablets Per ADULT	Total # Tablets Per CHILD
Adults:	130mg	2	x 2 =	4	х (Adult) =		
Child: (Age 12-18 years that weigh <u>at least</u> 150 lbs)	130mg	2	x 2 =	4	x (Adult) =		
Child: (Age 12-18 years that weigh <u>less</u> than	(5	4	0			OP:14)		
150 lbs) Child: (Ages 3 to 12 years	65mg	1	x 2 =	2	x (Child) =		
Years old) Child: (1 month to	65mg	1	x 2 =	2	x (Child) =		
3 years of age) Infant: (Birth to less than 1	32.5mg	1/2	x 2 =	1	x (Child) =		
` month old)	16.25mg 1/4 x 2 = 1 x (Child) = Tablet Totals for Adults and Children:							
esident's Signature	<u> </u>					Date		
Description of Tablets Dispensed today: Thyrosafe® KI Tablets 65 mg -		(Official Use Only) : Total Number of Tablets Issued						
Lot - TU401A Exp - 12/31/2		ADULTS: Children:						

Name of Public Health or Pharmacist Specialist

For Information regarding KI Distribution Process, contact: Radiological Emergency Preparedness (REP) Program Manager, Delaware Emergency Management Agency, 165 Brick Store Landing Road, Smyrna, DE 19977 Phone (302) 659-3362